PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address: and/or (b) indicating a senarate "FEE ADDRESS" for

CURRENT C	ntenance fee notifications. FURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying					
2183	papers. Each additional paper, such as an assignment or for have its own certificate of mailing or transmission.						ent or formal drawing, mu				
BURN	NS DOANE	SWECKER & N	MATHIS L L P			Certificate	of Mailing or Trans	smission			
POST	OFFICE BO (ANDRIA, V	X 1404 A 22313-1404	PE JOS		I hereby certify States Postal Ser addressed to the	that this Fee(s vice with suff Mail Stop I) Transmittal is bein icient postage for fir SSUE FEE address	g deposited with the Unite st class mail in an enveloge above, or being facsimidate indicated below.			
)/2005 MBE	EVENES 00000	040 10728955 /	me y	ĺ	transmitted to th	e USPIO (703	3) 746-4000, on the c	date indicated below. (Depositor's name			
:2503		550.00 0	P 28 Dr. H	1							
C:1504		300.00	MAK	1				(Signature			
		Q,	A COLOR		<u> L</u>			(Date			
APPLICA	CATION NO.	FILING DATE	W & TRADE	FIRST NAME	D INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.			
10/7	728,955	12/08/2003		Angela .	Jo Palmer		006450-413	9054			
APPLI	LN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	тот	TAL FEE(S) DUE	DATE DUE			
nonpro	rovisional	YES	\$550		\$300		\$850	06/24/2005			
	EXAM	INER	ART UN	IT	CLASS-SUBCLASS	\neg					
HAAS, WENDY C			1661		PLT-263000						
	HAAS, W	22.1.0									
CFR 1.363). Change Address for	of correspondence ge of correspond form PTO/SB/12	e address or indication of ence address (or Chang 22) attached.	e of Correspondence	(1) the na or agents (2) the na	nting on the patent front p unes of up to 3 registered OR, alternatively, une of a single firm (having	patent attorne	era 2 <u>& Mat</u>	s, Doane, Swed			
CFR 1.363). Change Address for the PTO/SB/4 Number is 3. ASSIGNED PLEASE recordation	of correspondence ge of correspond form PTO/SB/12 Address" indicat '47; Rev 03-02 or is required. EE NAME AND ENOTE: Unless on as set forth in	e address or indication of ence address (or Chang 22) attached. ion (or "Fee Address" I or more recent) attached RESIDENCE DATA T an assignee is identific 37 CFR 3.11. Comple	e of Correspondence indication form . Use of a Customer O BE PRINTED ON 1 indication of this form is NO	(1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will app T a substitute	ames of up to 3 registered OR, alternatively, ame of a single firm (havin lattorney or agent) and the ded patent attorneys or age name will be printed. T (print or type) Dear on the patent. If an if or filling an assignment.	ag as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for Pree A PTO/SB/4 Number i ASSIGNE PLEASE recordation	of correspondence. ge of correspond form PTO/SB/12 Address" indicate /47; Rev 03-02 or is required. EE NAME AND	e address or indication of lence address (or Chang 12) attached. ion (or "Fee Address" I or more recent) attached RESIDENCE DATA T an assignee is identifie 37 CFR 3.11. Comple	e of Correspondence indication form . Use of a Customer O BE PRINTED ON 1 d below, no assignee tion of this form is NO	(1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will app T a substitute	ames of up to 3 registered OR, alternatively, ame of a single firm (havin attorney or agent) and the depatent attorneys or agename will be printed. T (print or type)	ag as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for Pree A PTO/SB/4 Number i ASSIGNE PLEASE recordation	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 of is required. EE NAME AND E NOTE: Unless on as set forth in ME OF ASSIGNI	e address or indication of lence address (or Chang 22) attached. ion (or "Fee Address" I or more recent) attached RESIDENCE DATA 1 an assignee is identific 37 CFR 3.11. Comple	e of Correspondence ndication form . Use of a Customer O BE PRINTED ON 1 d below, no assignee tion of this form is NO	(1) the na or agents (2) the na registered 2 register listed, no THE PATEN data will app I a substitute (1) RESIDENG	ames of up to 3 registered OR, alternatively, ame of a single firm (havin lattorney or agent) and the ded patent attorneys or age name will be printed. T (print or type) Dear on the patent. If an if or filling an assignment.	ng as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for "Fee A PTO/SB/4 Number i ASSIGNE PLEASE recordation	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 of is required. EE NAME AND E NOTE: Unless on as set forth in ME OF ASSIGNI 1.52 of	e address or indication of the control of the contr	e of Correspondence indication form . Use of a Customer O BE PRINTED ON 1 ad below, no assignee tion of this form is NO (E) BIGNATURE OF A	(1) the na or agents (2) the na registered 2 register listed, no THE PATEN data will app I a substitute (1) RESIDENG	ames of up to 3 registered OR, alternatively, are of a single firm (havin lattorney or agent) and the depatent attorneys or agename will be printed. T (print or type) Dear on the patent. If an efor filing an assignment. The control of the cont	ng as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for Proceedings of Proc	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 or is required. EE NAME AND E NOTE: Unless on as set forth in ME OF ASSIGNI 1.52 or	e address or indication of the control of the contr	e of Correspondence indication form . Use of a Customer O BE PRINTED ON 1 ad below, no assignee tion of this form is NO (B) SIGNATURE OF A disack No. 47,330	(1) the na or agents (2) the na registered 2 register listed, no THE PATEN data will app I a substitute (1) RESIDENG	ames of up to 3 registered OR, alternatively, are of a single firm (havin lattorney or agent) and the depatent attorneys or agename will be printed. T (print or type) Dear on the patent. If an efor filing an assignment. The control of the cont	ng as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for Proceedings of Proceedings of Proceedings of Proceedings of Procedure (A) NAMI	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 c is required. EE NAME AND NOTE: Unless on as set forth in 1.52 or Firm or	e address or indication of the control of the contr	e of Correspondence indication form . Use of a Customer O BE PRINTED ON Tool be below, no assignee it on of this form is NO (B) SIGNATURE OF A disack No. 47,330 PARR	(1) the na or agents (2) the na registered 2 registered 1 register listed, no THE PATEN data will app T a substitute (1) RESIDENG APPLICAL	ames of up to 3 registered OR, alternatively, are of a single firm (havin lattorney or agent) and the depatent attorneys or agename will be printed. T (print or type) Dear on the patent. If an efor filing an assignment. The control of the cont	ng as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for the PTO/SB/4 Number is 3. ASSIGNEI PLEASE recordation (A) NAMI	ge of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 of is required. EE NAME AND E NOTE: Unless on as set forth in ME OF ASSIGNI 1.52 of Firm or Individual nam Signature	e address or indication of the control of the contr	e of Correspondence indication form . Use of a Customer O BE PRINTED ON 1 ad below, no assignee tion of this form is NO (B) BIGNATURE OF A BISACK NO. 47,330 PARR	(1) the na or agents (2) the na registered 2 registered 1 register listed, no THE PATEN data will app T a substitute (1) RESIDENG APPLICAL	ames of up to 3 registered OR, alternatively, are of a single firm (havin lattorney or agent) and the depatent attorneys or agename will be printed. T (print or type) Dear on the patent. If an efor filing an assignment. The control of the cont	ng as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for the PTO/SB/4 Number is 3. ASSIGNEI PLEASE recordation (A) NAMI	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 or is required. EE NAME AND E NOTE: Unless on as set forth in AE OF ASSIGNI 1.52 or Firm or Individual name	e address or indication of the control of the contr	e of Correspondence indication form . Use of a Customer O BE PRINTED ON 1 ad below, no assignee tion of this form is NO (B) BIGNATURE OF A BISACK NO. 47,330 PARR	(1) the na or agents (2) the na registered 2 registered 1 register listed, no THE PATEN data will app T a substitute (1) RESIDENG APPLICAL	ames of up to 3 registered OR, alternatively, are of a single firm (havin lattorney or agent) and the depatent attorneys or agename will be printed. T (print or type) Dear on the patent. If an efor filing an assignment. The control of the cont	ng as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for the PTO/SB/4 Number is 3. ASSIGNEI PLEASE recordation (A) NAMI	ge of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 of is required. EE NAME AND E NOTE: Unless on as set forth in ME OF ASSIGNI 1.52 of Firm or Individual nam Signature	e address or indication of the control of the contr	e of Correspondence indication form . Use of a Customer TO BE PRINTED ON 1 and below, no assignee tion of this form is NO (B) BIGNATURE OF A BISACK NO. 47,330 PARR	(1) the na or agents (2) the na registered 2 register listed, no THE PATEN data will app Γ a substitute (2) RESIDEN (ΔΡΡΙΙCΑΙ	ames of up to 3 registered OR, alternatively, are of a single firm (havin lattorney or agent) and the depatent attorneys or agename will be printed. T (print or type) Dear on the patent. If an efor filing an assignment. The control of the cont	ng as a member e names of up nts. If no name	entified below, the d	this, LLP			
CFR 1.363). Change Address for the profession of the profession o	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 or is required. EE NAME AND E NOTE: Unless on as set forth in ME OF ASSIGNI 1.52 or Firm or Individual nam Signature Date hereby certify fervice with s	e address or indication of the content of the conte	e of Correspondence indication form . Use of a Customer TO BE PRINTED ON To the below, no assignee tion of this form is NO (B) SIGNATURE OF A Isaack No. 47,330 PARR PARR CO04 CEI dence is being faces is first class mail in	(1) the na or agents (2) the na registered 2 registered 12 register listed, no THE PATEN data will app T a substitute (2) RESIDENCAPPLICAL	ames of up to 3 registered OR, alternatively, are of a single firm (havis a tatorney or agent) and the depatent attorneys or agename will be printed. T (print or type) Dear on the patent. If an of or filing an assignment. CE: (CITY and STATE ON TATTORNEY, OF	assignee is ide R COUNTRY	entified below, the d	chis, LLP document has been filed f			
CFR 1.363). Change Address for Proceedings of Proceedings of Proceedings of Procedure (A) NAMI Change Address for PLEASE recordation (A) NAMI The Address for Procedure (A)	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 or is required. EE NAME AND E NOTE: Unless on as set forth in ME OF ASSIGNI 1.52 or Firm or Individual nam Signature Date hereby certify fervice with s	se address or indication of the control of the cont	e of Correspondence indication form . Use of a Customer TO BE PRINTED ON To the below, no assignee tion of this form is NO (B) SIGNATURE OF A Isaack No. 47,330 PARR PARR CO04 CEI dence is being faces is first class mail in	(1) the na or agents (2) the na registered 2 registered 12 register listed, no THE PATEN data will app T a substitute (2) RESIDENCAPPLICAL	ames of up to 3 registered OR, alternatively, une of a single firm (havin lattorney or agent) and the ded patent attorneys or agename will be printed. T (print or type) Dear on the patent. If an if or filling an assignment. CE: (CITY and STATE ON ITY) NT, ATTORNEY, OF ITY AT	assignee is ide R COUNTRY	entified below, the d	locument has been filed for			
CFR 1.363). Change Address for Preceding Preceding Please recordation (A) NAMI	of correspondence. ge of correspond form PTO/SB/12 Address" indicat /47; Rev 03-02 or is required. EE NAME AND E NOTE: Unless on as set forth in AE OF ASSIGNI 1.52 or Firm or Individual nam Signature Date hereby certify Service with s slexandria, VA	se address or indication of the control of the cont	e of Correspondence indication form . Use of a Customer TO BE PRINTED ON To the below, no assignee tion of this form is NO (B) SIGNATURE OF A Isaack No. 47,330 PARR PARR CO04 CEI dence is being faces is first class mail in	(1) the na or agents (2) the na registered 2 registered 12 register listed, no THE PATEN data will app T a substitute (2) RESIDENCAPPLICAL	ames of up to 3 registered OR, alternatively, une of a single firm (havin lattorney or agent) and the ded patent attorneys or agename will be printed. T (print or type) Dear on the patent. If an if or filling an assignment. CE: (CITY and STATE ON ITY) NT, ATTORNEY, OF ITY AT	assignee is ide R COUNTRY	entified below, the d	chis, LLP document has been filed to			

U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

January 23, 2004

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction

880.00

F	EI	Ε	TR	AN	SM	IT	TA	L
		f	or	FY	200)4		

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Signature

Complete if Known					
Application Number					
Filing Date					
First Named Inventor					
Examiner Name	MENON, Krishnan S.				
Art Unit	1723				
Attorney Docket No.	4320-395				

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
Check Credit card Money Other None					3. ADDITIONAL FEES						
Order D				Large Entity Small Entity							
Deposit A Deposit Account	Account:	022095		Fee Code		Fee Code	Fee (\$)	Fee [Description		Fee Paid
Number	<u></u>	022000		1051	130	2051	65	Surcharge - late	filing fee or oath	!	
Deposit Account Name	E	Bereskin & Parr		1052	50	2052		cover sheet	provisional filing fee	e or	
	authorized	to: (check all that apply)]	1053	130	1053		Non-English spe			
Charge fee((s) indicated	below Credit any o	overpayments	1812	2,520	1812	•		est for ex parte reex		
I=		e(s) or any underpayment of	, ,	1804	920*	1804	920*	Requesting publ Examiner action	lication of SIR prior t	to	
Charge fee(to the above-ide		below, except for the filing sit account.	j fee	1805	1,840*	1805	1,840*	Requesting pub Examiner action	lication of SIR after		
	FFF	CALCULATION		1251	110	2251	55	Extension for re	ply within first monti	h	110.00
1. BASIC FI				1252	420	2252	210	Extension for re	ply within second m	onth	110.00
Large Entity S	-	-		1253	950	2253	475	Extension for re	ply within third mon	th	
Fee Fee	Fee Fee	Fee Description	Fee Paid	1254	1,480	2254	740	Extension for re	ply within fourth mo	nth	
	Code (\$) 2001 385	Utility filing fee		1255	2,010	2255	1,005	Extension for re	eply within fifth mont	h	
1002 340	2002 170	Design filing fee		1401	330	2401	165	Notice of Appea	al		
1003 530	2003 265	Plant filing fee	<u> </u>	1402	330	2402	165	Filing a brief in	support of an appea	ıl	
1004 770	2004 385	Reissue filing fee		1403	290	2403	145	Request for ora	l hearing		
1005 160	2005 80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institu	ute a public use prod	ceeding	
[SUBTOTAL (1) (\$)	0.00	1452	110	2452		Petition to revive		Ĭ	
!				1453	1,330	2453	665	Petition to reviv	e - unintentional		1
2. EXTRA C	LAIM FE	ES FOR UTILITY AN		1501	1,330	2501	665	Utility issue fee	(or reissue)		
		Extra Claims below	Fee Paid	1502	480	2502	240	Design issue fe	е		
Total Claims	2	20 '* = X L	0.00	1503	640	2503	320	Plant issue fee			
Independent Claims	·	3 * = L X	= 0.00	1460	130	1460	130	Petitions to the	Commissioner		
Multiple Depen	ndent	<u> </u>	」 ╡	1807	50	1807	50	Processing fee	under 37 CFR 1.17	(p)	
Large Entity				1806	180	1806	180	Submission of I	nformation Disclosu	re Stmt	
Fee Fee Code (\$)	Fee Fee Code (\$)			8021	40	802	40	Recording each	patent assignment number of propertie	per s)	
1202 18 1201 86	2202 2201	9 Claims in excess of 2043 Independent claims in		1809	770	2809	385		sion after final reject	•	
1201 80		45 Multiple dependent cla		1810	770	2810	385	,	onal invention to be		
1204 86	2204	43 ** Reissue independe	nt claims					examined (37 C	CFR 1.129(b))		770.00
		over original patent		1801		2801		•	ontinued Examinatio		770.00
1205 18	2205	9 ** Reissue claims in e and over original pa		1802	900	1802	900	Request for ex of a design app	spedited examination dication	n	
SUBTOTAL (2) (\$) 0.00				Other	fee (sp	ecify) _					
**or number previously paid, if greater; For Reissues, see above				*Redu	uced by	Basic I	Filing F	ee Paid S	SUBTOTAL (3)	(\$)	880.00
SUBMITTED BY									(Complete (if applica	abie))	
Name (Print/Type	e) S	cott R. Pundsack		F	Registra	tion No	47	'.330	Telephone (416) 364-73	11

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.